

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>119</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>656</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____		St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Sue Evelyn Ellis</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>1st</u>	6. Legitimate? <u>yes</u>
7. Date of birth <u>Aug. 2-1924</u>		Month <u>Aug</u> day <u>2</u> year <u>1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Morris Toliver Ellis</u>		Full maiden name <u>Gladys York</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u>		15. Residence (Usual place of abode) <u>Miami Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Strawn Texas</u>		18. Birthplace (city or place) <u>Strawn Texas</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Electrician</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>1</u> (b) Born alive but now dead (c) Stillborn		21. Were precautions taken against phthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>30</u>			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Byril M. Brown M.D.</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Ariz.</u>	
Month, day, year. _____		Filed <u>Sept 30, 1924</u> <u>P. E. Davis</u> Local Registrar.	
Registrar. _____		Filed <u>10-6</u> <u>1924</u> <u>B. E. Davis</u> County Registrar.	

252-806-782